

Department of Police \* City of Chicago  
3510 South Michigan Avenue \* Chicago, Illinois 60653

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Date 12/3/11

Re: C. L. No. 1049622

Dear [REDACTED]

A complaint against a Department member, registered under the above Complaint Log (C.L.) Number, is currently under investigation by the Chicago Police Department.

A vital step in the investigation is an interview with the person who registered the complaint as well as witnesses. This step is essential in order to conduct a complete and thorough investigation.

Please contact me as soon as possible so that I can make arrangements to meet with you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience:

Name: PA D. ALLEN

Address: 3510 S. Michigan Ave., Chicago, IL. 53

Telephone: 312-745-6310

Hours Available: M-F, 7 am - 3 pm

Sincerely,

*PA D Allen*

CPD-44.223 (REV. 1/07)

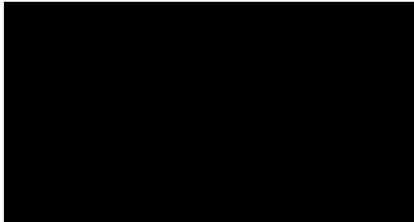



City of Chicago  
Department of Police  
3510 South Michigan Avenue  
Chicago, Illinois 60653

ALLEN  
UNIT 121



CL # 1049622

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: 	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label) 	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

**CERTIFIED MAIL**


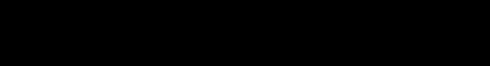

U.S. Postal Service  
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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City, State 

PS Form 3800, August 2006 See Reverse for Instructions